Commonwealth of Pennsylvania - Campaign Finance Report

	Military and California District management	(Note: This	report must be clear	and legible. It	should be typed)	•	
	Filer Identification Number		Geport Filed By Gan (Mark X)	didate	Committee		Lobbyist
	Name of Filing Communication C	nittee, Candidate or	Friends of	Jay B	renumen	/ Jay Bro	remer
	Street Address Gity		Friends of 4118 State	e St.	1 P.O.	Jay Bn Box 282 16508	<u> </u>
	Type of Report (Place	Elic	Stat	i Pa	Zip Gode	16508/	16512.
	1 6 Tuesday 2 2	Friday 3-30 Day Post 4	60 Tuesdayı (5-22 151)	ay 16.30 Day)	Post W.Annual Si	pecializa aniday ()	Special 30 Day
	Pre Primary Pre	Primary Primary Pr	e-Election Pre Elect	ion Election	Pi	e Election	Rost-Election
	Date Offelection		ear	Amendme		ermination **	
	(MM/DD/Ý/YY)		2018	Report	SOCIOLISTICS / DOUGLESS	en ininación epont	
•	Summary of Receipts Expenditures	and the second second			V-For Offi	ce Use Only	
	ALAmount Brought F	06/5/17 orward From Last Report	5 00 00				
	B. Total Wonetary Go (From Schedule II)	ntributions and Receipts.	\$ 00.00	area verter i gre			
•	Collect Funds Availa (Sum of Lines A and E		\$ 00.00	Bar Age			2
	D. Total Expenditures (Erom schedule III)		\$ 00.00	no 2) (press/Spirit		()	
	E. Ending Gash Balanc (Subtract Line Difrom		\$ 00.00				735 272 (3)
	F - Value of In Kind Go (Erom Schedule II)		\$ 00.00		,		KA
	G. Unpaid Debts and (From Schedule IV)	Obligations	\$ 00.00	Hatestage Carlo			±.
 		ttee report, treasurer sign here.	Affidavit	Section	Ara		-
VANIA	I sweet (or affirm) that the	is report, including the attached	schedules on paper, is to	he best of my kno	wledge and belief true, o	orrect and complete.	
PENNSYLVANIA EAL Noter Public	day of ON	leray 20 /8	. 1	Jarl	X Suiles	ref	
OF PEN AL SEAL	E E B Signat	JULY COOL	w	APRIL	rure of Person Submitting Printed Name	2001/	
VEALTH OF NOTARIAL S. Alexander	WHO commission expires	10 31 20	19''	814	94	69-2501	<i>'</i>
NOT NOT	Signaturia	MO. DAY YR. f a Candidate's Authorized Com	mittae candidate shall slo	Area Code	Daytime	Telephone Number	
COMMONWEALTH NOTARI Kimberly S. Alexa	Tsweer (or affirm) that to are inject.	the best of my knowledge and I			any provisions of the Ac	ot of June 3, 1937 (P.L.	1333, NO.320) as
위	Swore to and subscribed	before me this		/	72		
AN V	day of	rux 20 18			Signature of Candidate		
PENNSYLVANIA SEAL	E E Signatu	ire Dangael	6	JAY	RRENEM!	10	
PENN	を を を を を を を を を を を を を を	10 31 2019 MO. DAY YR.	•	R14 Area Code	580 -	8683	
AGE S	ander, e, Erie Expires A ASSOCI	INIO. DAI IN.		Alea Code	Баушде (elephone Number	
COMMONWEALTH	S. Aley of Err ssion		·				
MONN	Kimberly & City Olty Ay Commit						
COM	MAY ON THE VERY BERN						·

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Aleridentification Number		otto neo so	
1. Unitemized igon tributions and Receipts \$50,00 or Less per Contributor			
Total for the reporting period	(1)	\$	8
. 2" (Contributions of \$50:01 to \$250.00" (From Part Aland Part B).		P	
Contributions Received from Political Committees (Part A)	STANCES OF THE	\$	8
All Other Contributions (Part B)		\$	
Total for the reporting period	.(2)	\$	<i>S</i>
.3. Contributions Over \$250.00 (From Part Cand Part D)			
Contributions Received from Political Committees (Part C)		\$	Ø
All Other Contributions (Part D)	(0)	\$	
Total for the reporting period	(3)	\$	¥
.4. Other Receipts - Retunds, Interest Earned, Returned Ghecks, ETG. (From Part E)			
Total for the reporting period	(4)	\$	B
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Rep Cover Page, Item B)	port	\$	8

PART A

Contributions Received From Political Committees

 $$50.01\,\text{TO}\$ 250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Pleridentification Number				
Full Name of Contributing .			Date MM/DD/AYYM	Amount
House# Street/Address			#Bate*(MM/DD/YYXX)	,
Jes names				
Gity	State	Zip:Code .	Date(MM/DD/YYYY)	
RullName of Gontributing 基。 Committee			@Bate [MM//DD///WY/].	
House # Stireer Address			JDate (MM/DD/MYY)	
Gity	State	Z[p:Gode	Page [VIM/OD/YYYY] \$	
Full Name of Contributing Committee:			Date MIM/DD/YYYYY	
House/# Street Address		. /	Date MM/DD/XXYM) S	
(City)	State	ZIP Code	ADate MM/DD/YYYY)	
Full Name of Contributing Committees			Date MM/DD//W/W	
House # Street Address			Date MM/DD/YYYM	r construction
Gity	State	Zip:Godex	Datel[VIM/DD/XYYY]]. S	
Full Name of Contributing Committee	/		Date [MW/DD/WWW]	Liver Liver Co.
#House ## Street Addings			Date MW/DD/W/W	ANALIA MISA MISA MISA MISA MISA MISA MISA MI
Gity i	State	Zip.Code	Date MMM/DD/WYW	S. A.
Full Name of Contributing Committee		н жайын жай майда жайын түй жайда байда байда жайда жайд	/Date [MIV//DD///////]	
House # Street-Address			Date:[MIM/DD/Ayyyi]	
(City)	Stäte	Z p:Gode	Date[MM/DD/YYYY)] 45	

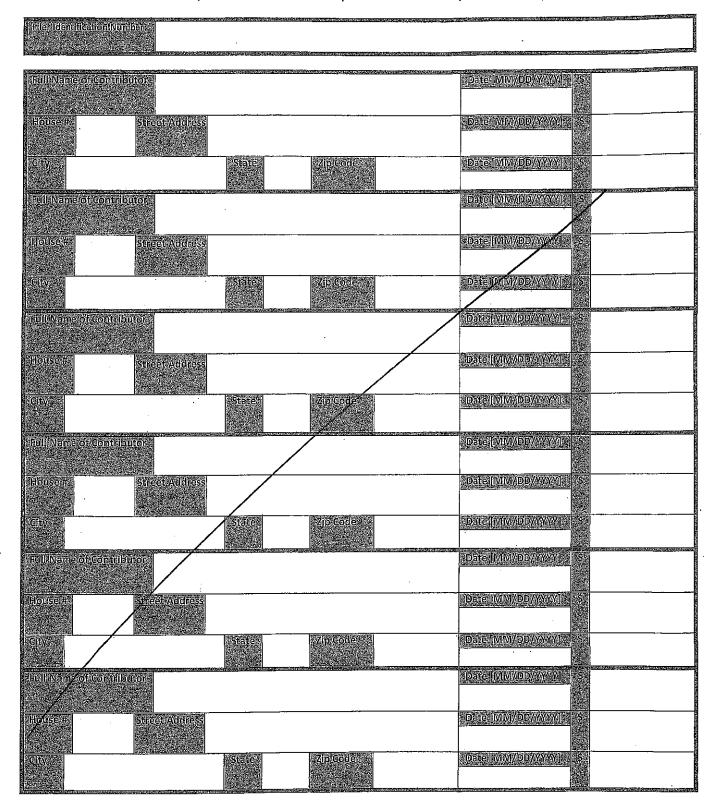
PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

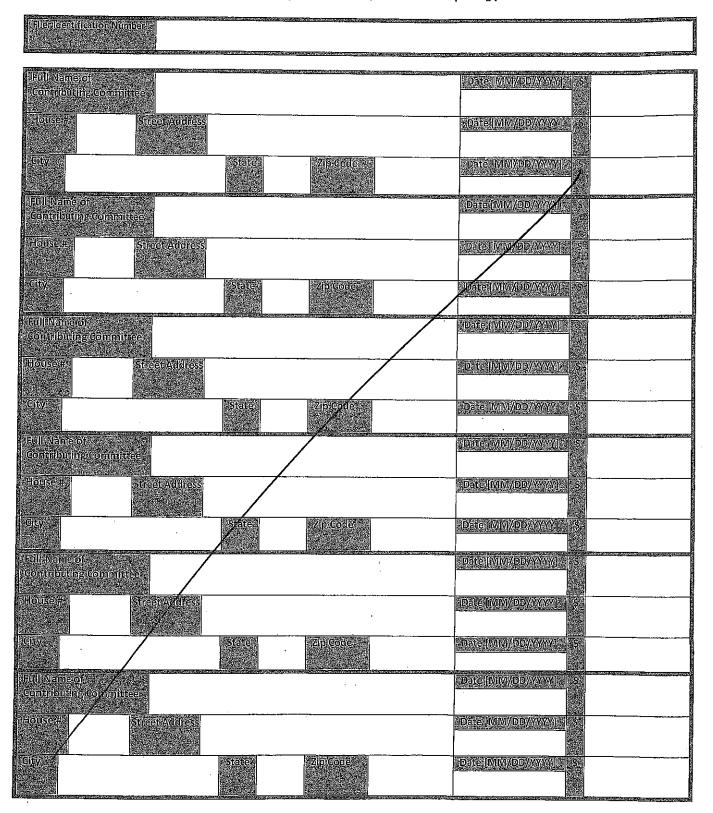


PART C

Contributions Received From Political Committees

Over \$250,00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.



PART D All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

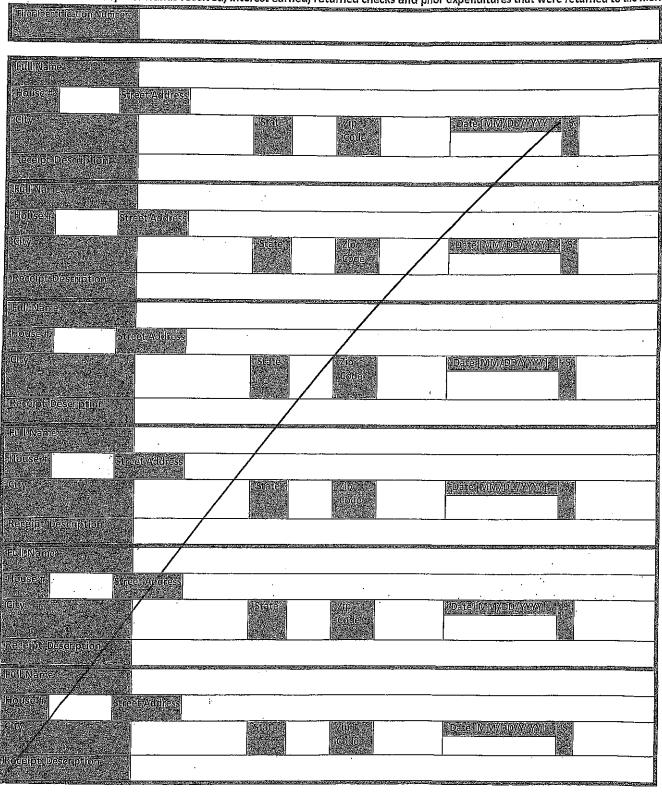
Chiesidentucation;Number			
RFull:Name of Contributor	PROGRAM (PERSONAL AND PROPERTY OF A STATE OF THE STATE OF		MDate MM/DD/MYY()
House # Street Address			Date (MM/ddd/yyyyy)
City Figeloye Name	State.	Zip:Gode	Date (MMI/DD/WYM 55
Employer Mailing Address // Principal Place of Business			
Full Name of Contributor			Zbate NVIVI 2 3 3 3 3 3 3 3 3 3
House## Street Address			,Date (MW/DD/XXYV) \$
City Employer:Name	Stabe	Zip Gode	Date (MM//DD/YYYY) \$7
EmployerWalling/Address/	-		
FUII Name of Contributor.			Spate(MM/DD/YYYYM) S
House # Singer Addiess			Date:[WIM/DD/WWYY]
Clty	State	¥Zjp€oëE	NDate VMV/DD/YYYMI 4 \$
EmployerName a: EmployerMalling/Address// Phinepal Place of Business			(Cecupgary)
Full(Name of Contributo	mangagawa Abbanggan a museona da	iliana ya gazana di iliana zi e paga ata ing Masangana ata ata ata ini daga saga manan n	ADate (IVI)M/DD/MYYM/S
House# Street Address			-Date(LiVIM/DD/YXYX)
(CITY)	State	zip Code	Date (MM/DD/AW)(S.
Employer Name Employer Mailing/Address/	-		@ccupations

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.



SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

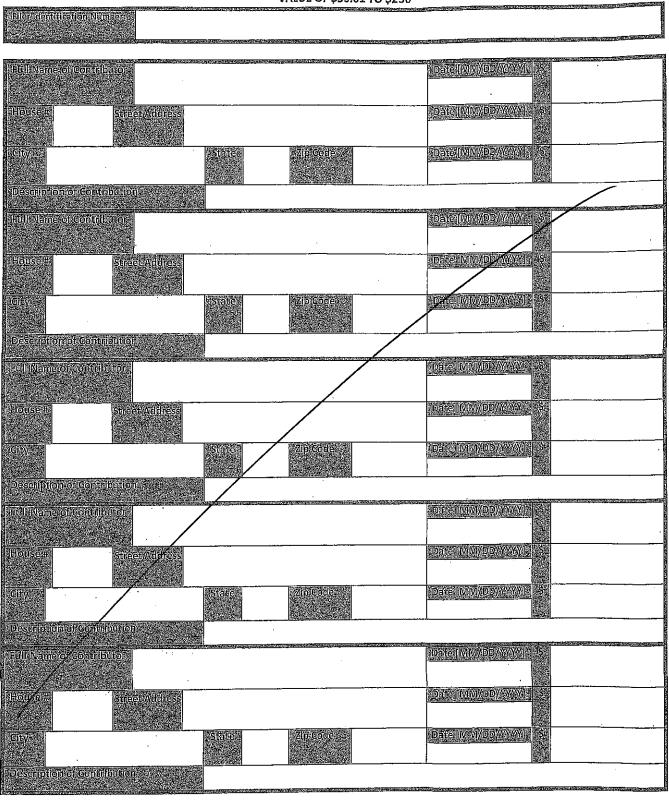
USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Bler Certification Nations					
1. AUNITÉMIZEDIN KIND GONTE		AURIE DA CARLO			
TOTAL for the reporting period	(1)	\$	A-	IOR	
2. IN: IND CONTRIBUTIONS RE	GINED VAIUE OF SSOT	21.210 ¹ 5250 00 (ERØM)	PARTE STATE		
TOTAL for the reporting period	(2)	\$	B		
S INCONDENDATE UNION FEE	eMedavalue over \$25	OOOAFRONVERARTSGD			
TOTAL for the reporting period	(3)	. \$	8		
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals for on Page 1, Report Cover Page, Item F)	ONS DURING THIS REPO from boxes 1, 2, and 3; a	RTING \$	8	a Calantania na mangana na manana na	

SCHEDULE II PART F

In-Kind Contributions Received

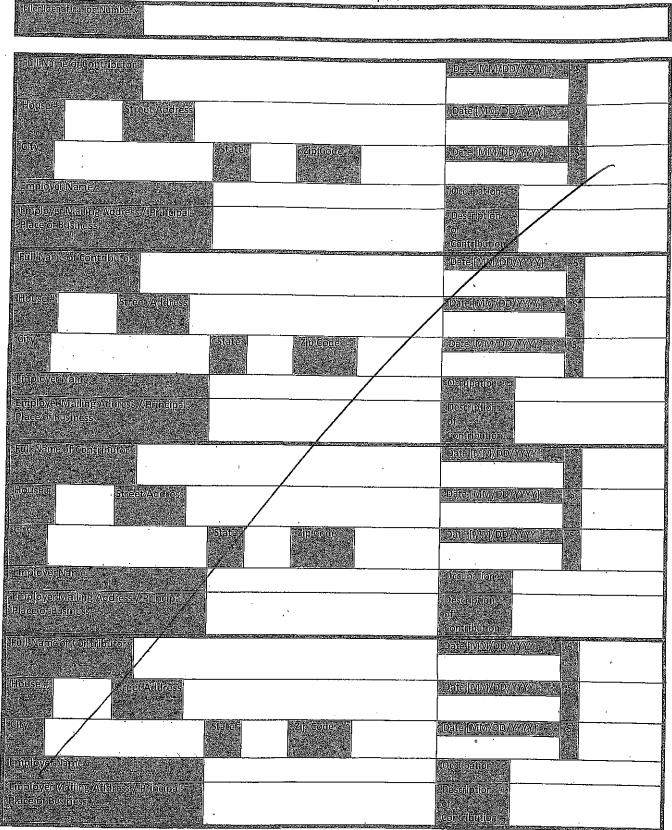
VALUE OF \$50.01 TO \$250



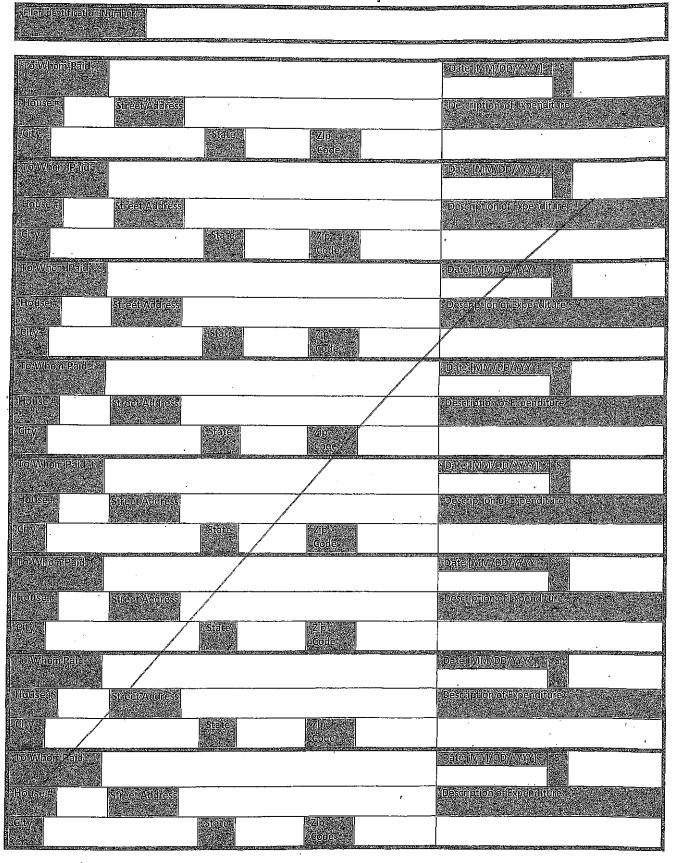
SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250



Statement of Expenditures



SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

